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| PATENT APPLICATION FEE DETERMINATION RECORD  Application or Docket, Number |                                                                                                                                                                                                                                                                                                                      |                                           |             |                                             |                  |         |                    |                        |                |                    |                                                  |  |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------|---------------------------------------------|------------------|---------|--------------------|------------------------|----------------|--------------------|--------------------------------------------------|--|
| Substitute for Form PTO-875                                                |                                                                                                                                                                                                                                                                                                                      |                                           |             |                                             |                  |         |                    |                        | $\perp IO$     | 10/044573          |                                                  |  |
| CLAIMS AS FILED – PART I (Column 1) (Column 2)                             |                                                                                                                                                                                                                                                                                                                      |                                           |             |                                             |                  |         | SMALI              | ENTITY                 | OR             |                    | ER THAN<br>L ENTITY                              |  |
|                                                                            | FOR NUMBER FILED NUMBER BASIC FEE                                                                                                                                                                                                                                                                                    |                                           |             | MBER EXTRA                                  | ╝                | RATE    | FEE                |                        | RATE           | FEE                |                                                  |  |
| (37 CFR 1.16(a))                                                           |                                                                                                                                                                                                                                                                                                                      |                                           |             | 7                                           |                  | 395     | OR                 | 10114                  | 1790           |                    |                                                  |  |
| (37                                                                        | TAL CLAIMS<br>CFR 1.16(c))                                                                                                                                                                                                                                                                                           |                                           | minus 20 =  |                                             |                  | 7       | x s 25 =           |                        | OR             | × \$50 =           | • <u> </u>                                       |  |
| (37                                                                        | DEPENDENT CLA<br>CFR 1.16(b))                                                                                                                                                                                                                                                                                        | JMS                                       | minus 3 =   |                                             |                  | 1       | × \$100 =          |                        | OR             | × \$200=           | <del> </del>                                     |  |
| ML                                                                         | LTIPLE DEPEND                                                                                                                                                                                                                                                                                                        | ENT CLAIM PRE                             | SENT        | (37 CFR 1.16(d))                            |                  |         | + \$180 =          |                        | OR             | +:360=             | <del>                                     </del> |  |
| * If the difference in column 1 is less than zero, enter *0* in column 2.  |                                                                                                                                                                                                                                                                                                                      |                                           |             |                                             |                  |         | TOTAL              |                        | OR             | TOTAL              |                                                  |  |
| CLAIMS AS AMENDED - PART II                                                |                                                                                                                                                                                                                                                                                                                      |                                           |             |                                             |                  |         |                    |                        |                |                    |                                                  |  |
| 0                                                                          | 9.9.05 (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                              |                                           |             |                                             | 7                | SMALL   | ENTITY             | OR                     | OTHER<br>SMALL | R THAN<br>ENTITY   |                                                  |  |
| AMENDMENT A                                                                |                                                                                                                                                                                                                                                                                                                      | REMAININ<br>AFTER<br>AMENDMEN             | - 1         | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |         | RATE               | ADDI-<br>TIONAL<br>FEE | $\vdash$       | RATE               | ADDI-<br>TIONAL<br>FEE                           |  |
|                                                                            | Total<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                            | 21                                        | Minus       | 21                                          | 1                | 1.      | x,235 =            |                        | OR             | ×50=               |                                                  |  |
|                                                                            | Independent<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                                                                      | 2                                         | Minus       | "3                                          |                  | }       | × s <u>100</u> =   |                        | OR OR          | × \$ 200=          | <del>-                                    </del> |  |
|                                                                            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))                                                                                                                                                                                                                                                      |                                           |             |                                             |                  |         | + \$180 =          | 1                      | OR             | +5360=             |                                                  |  |
|                                                                            |                                                                                                                                                                                                                                                                                                                      |                                           |             |                                             |                  |         | TOTAL<br>ADD'L FEE |                        | OR             | TOTAL<br>ADD'L FEE |                                                  |  |
| AMENDMENT B                                                                | <del></del>                                                                                                                                                                                                                                                                                                          | (Column 1)<br>CLAIMS                      | <del></del> | (Column 2)<br>HIGHEST                       | (Column 3)       | , r     |                    | <del></del>            |                | <del></del> ,      |                                                  |  |
|                                                                            |                                                                                                                                                                                                                                                                                                                      | REMAINING<br>AFTER<br>AMENDMEN            | 1           | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA |         | RATE               | ADDI-<br>TIONAL<br>FEE |                | RATE               | ADDI-<br>TIONAL<br>FEE                           |  |
|                                                                            | Total<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                            | •                                         | Minus       | **                                          | = .              | $\prod$ | x \$ 25 =          |                        | OR             | × \$ <u>5</u> 0 =  | 1.55                                             |  |
|                                                                            | Independent<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                                                                      | •                                         | Minus       | ***                                         | =                |         | × s <u>100</u> =   |                        | OR OR          | × \$ 200=          |                                                  |  |
| Ā                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))                                                                                                                                                                                                                                                      |                                           |             |                                             |                  |         | + 5_[80=           |                        | OR             | + \$360            |                                                  |  |
|                                                                            |                                                                                                                                                                                                                                                                                                                      |                                           |             |                                             |                  |         | TOTAL<br>ADD'L FEE |                        | OR -           | TOTAL<br>ADD'L FEE |                                                  |  |
|                                                                            | <del></del>                                                                                                                                                                                                                                                                                                          | (Column 1)                                |             | (Column 2)                                  | (Column 3)       |         |                    |                        |                | _                  |                                                  |  |
| AMENDMENT C                                                                |                                                                                                                                                                                                                                                                                                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | -           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |         | RATE               | ADDI-<br>TIONAL<br>FEE |                | RATE               | ADDI-<br>TIONAL<br>FEE                           |  |
|                                                                            | Total<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                            | •                                         | Minus       | ••                                          | =                |         | × <b>3</b> 25 =    |                        | OR             | × \$ <u>50</u> =   |                                                  |  |
|                                                                            | Independent<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                                                                      | •                                         | Minus       | ***                                         | =                | · -     | × s <u>IVO</u> =   |                        | - 1            | × \$ <u>200</u> =  |                                                  |  |
| ₹                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))                                                                                                                                                                                                                                                      |                                           |             |                                             |                  |         | + 5[80 =           |                        | Г              | + \$360=           |                                                  |  |
|                                                                            | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                                |                                           |             |                                             |                  |         |                    |                        | _              | TOTAL<br>ADD'L FEE |                                                  |  |
| ***                                                                        | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |             |                                             |                  |         |                    |                        |                |                    |                                                  |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.